

# INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

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## APPLICATION FOR STATE EMPLOYEE LICENSE

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The following must be submitted:

1. Properly completed and notarized application.  
**APPLICANT SIGNATURE DATE AND NOTARIZED DATE MUST MATCH.**
2. A non-refundable fee of \$5 even-numbered year OR \$10 odd-numbered year. **Must be a money order, certified check or cashier's check payable in US funds only to: AZVMEB. DO NOT SEND PERSONAL OR BUSINESS CHECKS. WE DO NOT ACCEPT CREDIT CARDS.**
3. A passport type photo of the applicant (no larger than 1½" x 2" in size) taken within the preceding 6 months.
4. Official transcript sent directly to this Board by the AVMA accredited veterinary college from which the applicant graduated. The transcript must show graduation date and degree earned.
  - If applicant is a graduating student at the time of application, a **letter from the dean** of the veterinary program must be sent directly to this Board stating projected graduation date and good standing. Graduation date must be within 45 days following the exam.
  - If applicant is a recent graduate at the time of application, a copy of the diploma is acceptable until the official final transcript is available.
  - If applicant is a foreign graduate, submit directly to this Board a copy of the ECFVG Certificate of Completion issued by the AVMA or a copy of the PAVE Certificate of Completion issued by the AAVSB.
5. A typewritten letter or current résumé summarizing experience and qualifications.
6. MORAL CHARACTER REFERENCE FORM - FORM INCLUDED IN THIS PACKET: Three completed forms of moral character reference from persons not related to applicant and who have known applicant a minimum of three (3) years. Does not need to be completed by a veterinarian. These individuals are separate from: 8 MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS.
7. NAVLE scores received within the preceding 5 calendar years of application for examination and licensure. The scores must be submitted directly to this Board from the American Association of Veterinary State Boards (AAVSB). Contact the AAVSB at (816) 931-1504 or toll free at (877) 689-8482.
8. If applicant is or was a licensed veterinarian in another state.
  - VERIFICATION OF LICENSURE - FORM INCLUDED IN THIS PACKET: Each state or territory of the United States must send directly to this Board a verification of licensure to include current standing and status of any current investigation or discipline received for violation of a veterinary medical practice act. **Applicant** is responsible to request verification of licensure from each state or territory, where currently or previously licensed. Each state's process may differ, and a fee may be assessed. Response time can vary up to six (6) weeks to process.
  - MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS - FORM INCLUDED IN THIS PACKET: A letter to be sent directly to this Board from a veterinarian or colleague indicating applicant's professional qualifications and character. Cannot be from one of the three (3) individuals who submit the *Moral Character Reference Form*. This form may be used or the author of the letter may use his or her own letterhead. **NOT REQUIRED IF YOU ARE A STUDENT OR HAVE NEVER HELD A VETERINARY LICENSE.**
9. Arizona Statement of Citizenship and Alien Status for State Public Benefits – Form and instructions for supporting documentation of citizenship included in this packet. Attach the applicable copy of proof of citizenship.
  - A. In addition to proof of citizenship documentation, a government issued photo I.D. is required, if proof of citizenship submitted is in the form of a birth certificate. If proof of citizenship is in the form of a document containing a photo, i.e. passport, permanent resident card, etc., an additional photo I.D. is not required.



Douglas A. Ducey, Governor

Arizona State Veterinary Medical Examining Board  
9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258  
Phone: 602-364-1PET (1738) ♦ Fax: 602-364-1039  
[www.vetboard.az.gov](http://www.vetboard.az.gov)  
Victoria Whitmore, Executive Director

## APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE AND SURGERY

*All fees are non-refundable and are to be submitted by money order or cashier's check payable in U.S. dollars.*

### Alternative Format for Submitting Application

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

I, \_\_\_\_\_, make application to the Arizona State Veterinary Medical Examining Board for licensure in the State of Arizona by examination pursuant to A.R.S. 32-2213 Article 2: Licensing, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; and that I shall make an oath as to the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards.

### Select the license type you are applying for:

\_\_\_\_\_ Regular (\$400)

Please indicate exam Month? \_\_\_\_\_

\_\_\_\_\_ Endorsement (\$750)

Are you requesting a Temporary Permit: Yes No

\_\_\_\_\_ Specialty (\$750)

\_\_\_\_\_ State Employee (\$5 even numbered year/ \$10 odd numbered year)

### Section 1: PERSONAL INFORMATION

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

City County State Zip  
Home Phone: ( ) Cell phone: ( ) Fax Number ( )

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is your country of citizenship? \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you prefer your name to read on your wall license? \_\_\_\_\_

<b>Section 2:</b>	<b>Education</b>
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<u>Name(s) of College/University</u>	<u>Date(s) of Attendance</u>	<u>Date(s) of Graduation or Expected Graduation</u>	<u>Diploma(s) or Degree(s) Earned or to be Earned</u>

<b>Section 3:</b>	<b>CURRENT EMPLOYMENT INFORMATION</b>
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*Complete if applicable.*

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street
City
State
Zip

Phone Number: (    ) \_\_\_\_\_

<b>Section 4:</b>	<b>Employment</b>
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*If you have been employed as a veterinarian or a veterinary technician during the last 5 years, please list employment in chronological order. If necessary, you may use an additional sheet of paper.*

<u>Name of Employer</u>	<u>Address</u>	<u>Position</u>	<u>Dates of Employment</u>

<b>Section 5:</b>	<b>Licenses: List all states in which you are or ever have been licensed.</b>
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<u>State</u>	<u>License Number</u>	<u>Date License Granted</u>	<u>Date(s) and Status Active/Inactive/Probation/ Revoked, etc.</u>

**Section 6:**

**You are required to answer all of the following questions.  
You may use a separate sheet of paper if necessary.**

1. Have you taken the NAVLE?

☐ Yes ☐ No

If so, please give the date and the state through which examination was taken.

Name of State: \_\_\_\_\_ Date Taken: \_\_\_\_\_

*NOTE: If you have taken the NAVLE within the last 5 years, your score must be sent directly to this Board by AAVSB. Score transfer is NOT REQUIRED, for an application for Licensure by Endorsement or Specialty.*

2. Have you ever been charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation, in any state or federal court? If yes, give a full explanation on a separate sheet of paper and submit a **certified** copy of Record of Conviction and Record of Disposition. You must answer "yes" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights restored and/or whether or not sentence was imposed or suspended.

Date of Occurrence(s) \_\_\_\_\_

☐ Yes ☐ No

3. Have you ever been denied a license by any state, or denied the privilege of taking a state examination before any State Board of Veterinary Medical Examiners? If yes, please explain:

☐ Yes ☐ No

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4. Has any license to practice veterinary medicine and surgery issued to you been revoked or suspended?

If yes, please explain:

☐ Yes ☐ No

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5. Has any license to practice veterinary medicine and surgery issued to you been placed on probation, or have you ever been fined, censored, or charged with a violation of the veterinary practice act in any state in the U.S? Are you aware of any *pending* complaints, investigations, or disciplinary actions regarding your veterinary license in any state? If yes, please explain:

☐ Yes ☐ No

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**Section 7:****Foreign Graduates**

1. Are you currently enrolled in either the ECFVG or PAVE program?

☐ Yes ☐ No

If Yes, Indicate Program: ECFVG \_\_\_\_\_ PAVE \_\_\_\_\_

*NOTE: If enrolled, a letter verifying your enrollment must be sent to this Board directly from AAVSB or AVMA.*

2. Have you received a certificate of completion from the ECFVG program or the PAVE program?

☐ Yes ☐ No

*If yes, please include a copy of the Certificate of Completion with this application.*

**Affidavit of Applicant**

*Print The Applicant's Full Name:* \_\_\_\_\_ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the content of this application. The information contained in the application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any past or present employer, past or present business or professional association to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the Arizona State Veterinary Medical Examining Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_  
Notary Public Signature

My Notary Commission Expires on

Seal: \_\_\_\_\_



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## MORAL CHARACTER REFERENCE FORM

The following applicant will be applying to the State of Arizona for licensure as a veterinarian. We request that you furnish us with the requested information as listed below. Please answer the questions to the best of your knowledge and return this form to the Board office. Form may be faxed or emailed to [kodi.calais@vetboard.az.gov](mailto:kodi.calais@vetboard.az.gov)  
Note: *This form is to be completed by persons not related to the applicant.* If necessary, you may use a second sheet of paper.

Name of Applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ (Must be a minimum of 3 years.)
2. Is the applicant or any member of his/her family related to you in any way? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Through what context do you know the applicant (work, neighbor, etc)? \_\_\_\_\_
4. To your knowledge, has the applicant ever been convicted of a felony, an undesignated offense or cruelty to animals? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. To your knowledge, has the applicant ever failed to be trustworthy in relation to his/her responsibilities? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do you know of any unfavorable incident(s) in the life of the applicant at school, college, business, or otherwise that may have a bearing upon the character or fitness (moral or otherwise) to perform professional duties not covered by questions contained in this questionnaire or disclosed in your answers? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Print Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Clearly)  
Address: \_\_\_\_\_  
Street City State Zip  
Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**MORAL CHARACTER LETTER OF RECOMMENDATION**  
**PROFESSIONAL QUALIFICATION FORM**

Please provide your input regarding the moral character and professional qualification of the applicant. Veterinarian may use his or her own letterhead. Please return to the Board office. Form may be faxed or emailed to [kodi.calais@vetboard.az.gov](mailto:kodi.calais@vetboard.az.gov)

Name of Applicant: \_\_\_\_\_

Dear Veterinary Medical Examining Board:

Signature of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Print Veterinarian Name: \_\_\_\_\_  
(Please Print Clearly)

Address: \_\_\_\_\_  
Street City State Zip

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258

Phone: 602-364-1PET (1738) Fax: 602-364-1039

**VERIFICATION OF LICENSURE**

**APPLICANT AUTHORIZATION:**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I authorize the Veterinary Medical Board of \_\_\_\_\_ (State) to release the information below to the Arizona State Veterinary Medical Examining Board.

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**BOARD VERIFICATION:**

Board Address: \_\_\_\_\_  
Street City State Zip

Board Phone: \_\_\_\_\_ Board Fax: \_\_\_\_\_

Veterinarian's License Number: \_\_\_\_\_

Date License Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current License Status: (Active, Inactive, Lapsed, etc.): \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_ No \_\_\_\_\_ Yes

Current Disciplinary Action: \_\_\_\_\_ No \_\_\_\_\_ Yes

Pending Disciplinary Action: \_\_\_\_\_ No \_\_\_\_\_ Yes

*If "yes" to any disciplinary action, please attach a certified copy of the Findings of Fact, Conclusions of Law, and Final Order, or the charges of a pending case.*

Name of Board Official: \_\_\_\_\_  
Please Print

Signature of Board Official: \_\_\_\_\_

Title of Board Official: \_\_\_\_\_ Date of Signature \_\_\_\_\_

Official Board Seal:



## Arizona State Veterinary Medical Examining Board

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

APPLICANT'S NAME (Print or type) \_\_\_\_\_

TYPE OF LICENSE/CERTIFICATION (Check one) ☐ DVM ☐ CVT

Are you a citizen or national of the United States? ☐ Yes ☐ No

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

Name of document

If you answered **No**, you must complete Section III and IV.

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from List B (Attached) or other document as evidence of your status. Name of document provided \_\_\_\_\_

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.

- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 TODAY'S DATE

## **EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.